

TOWN OF STRATHAM, N.H.

APPLICATION FOR RESTORATION OF INVOLUNTARILY MERGED LOTS
PURSUANT TO RSA 674:39-aa

The undersigned applicant requests that the Town of Stratham, New Hampshire, hereby restore the following parcels of land to their pre-merger status for the purposes of being assessed and treated for regulatory purposes as separate tracts or parcels of land:

Existing Parcel Identification:

Tax Map: _____, Lot: _____, Street Address: _____

Please identify, with reference to an attached recorded plan or survey which the Applicant believes may depict the "pre- merger" configuration of any lot, and to have existed prior to any "Involuntary Merger" (**See, RSA 674:39-aa (I)**), which the Applicant(s) wishes to restore to separate assessment.

Recorded Plan Name & Identified as:

Drawn Date: _____

Recorded Plan #: _____

New Parcel Identification: *(New lot number(s) must be obtained from the Assessing Department)*

Tax Map: _____, Lot: _____, Street Address: _____

Tax Map: _____, Lot: _____, Street Address: _____

Town Assessor: _____ Date: _____

Signature

Acknowledgment: By submitting this application, the Applicant(s) acknowledges they wish to have an existing parcel on the Stratham Tax Map divided into two (2) or more previously existing parcels. Such action will be effective for tax purposes following approval of this Application. Such action may result in increased tax assessed value or supplemental tax liability for the current tax year. In addition, the Applicant(s) understands that the separate lots may not conform to existing zoning requirements, and that if any subsequent request for zoning variance is made by the Applicant or a subsequent owner, the fact that the parcel was previously part of other premises may affect one (1) or more factors which are considered when considering a variance (e.g., substantial justice).

If granted by the Town, the Notice of Decision and plan will be recorded at the Rockingham County Registry of Deeds.

Dated this __ day of _____, 201__.

Owner Signature

Co-Owner Signature

Print Name(s)

For Municipal Use Only

By signing below, the application has been reviewed and approved by the Board of Selectmen.

Board of Selectmen
Stratham, New Hampshire

Date: _____

Selectman, Chair

Selectman

Selectman